

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

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State File No. **28525**
Registrar's No. **123**

Registration District No. **400**

Primary Registration District No. **55313**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Lee's Summit**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD 1
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **nil** (Specify whether)
In this community **20 yrs** years, months or days

3. (a) PRINT FULL NAME

Josephine Pretzl
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph Pretzl** 6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **June 26-1865** (Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **19** If less than one day hr. min.

9. Birthplace **Rothenburg Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Ulmer**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Pauline Ulmer**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. H. E. Bailey**
(b) Address **Lee's Summit Mo**
17. (a) **Burial** (b) Date thereof **7-17-41** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Marys Cem. Lee's Summit Mo**

18. (a) Signature of funeral director **Lee's Summit Mo**
(b) Address **Lee's Summit Mo**
19. (a) **7-17-41** (b) **Lee's Summit Mo** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Lee's Summit** (If outside city or town limits, write "RURAL")
(d) Street No. **RFD 1** (If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country **Here 58 years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** year **1941** hour **15** minute **45 P** M.
21. I hereby certify that I attended the deceased from **July 10** 1941 to **July 16** 1941 that I last saw her alive on **July 15** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the uterus - primary** Duration **2 years**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **48B** Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Cliff E. Miller** (M. D. or other) Address **Lee's Summit Mo** Date signed **7/14/41**

13 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.